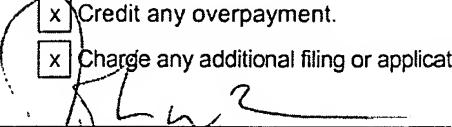


AMENDMENT TRANSMITTAL LETTER				Docket No. 0445-0354PUS1	
Application No. 10/540,474-Conf. #2979	Filing Date June 23, 2005	Examiner J. A. Steele	Art Unit 1794		
Applicant(s): Manabu MATSUI et al.					
Invention: HEAT FUSIBLE CONJUGATE FIBER					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 20 =	0	x 52.00	0.00
Independent Claims	2	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					130.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					130.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>130.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.  <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dated: <u>November 10, 2008</u>					
John W. Bailey Attorney Reg. No.: 32,881					
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<b>Effective on 12/08/2004.</b> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete if Known</b>	
		Application Number	10/540,474-Conf. #2979
		Filing Date	June 23, 2005
		First Named Inventor	Manabu MATSUI
		Examiner Name	J. A. Steele
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1794
TOTAL AMOUNT OF PAYMENT	(\\$) 130.00	Attorney Docket No.	0445-0354PUS1

<b>METHOD OF PAYMENT</b> (check all that apply)							
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 02-2448			Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>		
10	- 20 or HP	0	x 52.00 = 0.00		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	52 26
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		_____		
2	- 3 or HP	0	x 220.00 = 0.00		_____		
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____	- 100 =	/50 = (round up to a whole number) x		_____	= _____		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00							

<b>SUBMITTED BY</b>					
Signature			Registration No. (Attorney/Agent)	32,881	Telephone (703) 205-8000
Name (Print/Type)	John W. Bailey		Date	November 10, 2008	